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CONFIRMATION NO. 7160

SERIAL NUMBER 10/645,234	FILING OR 371(c) DATE 08/21/2003 RULE	CLASS 604	GROUP ART UNIT 3767	ATTORNEY DOCKET NO. 2003P03508 US01
APPLICANTS John R. Zaleski, West Brandywine, PA; ** CONTINUING DATA ***** This appln claims benefit of 60/453,320 03/10/2003 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/12/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 17
			INDEPENDENT CLAIMS 4	
ADDRESS 28524				
TITLE HEALTHCARE SYSTEM SUPPORTING MULTIPLE NETWORK CONNECTED FLUID ADMINISTRATION PUMPS				
FILING FEE RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	